

This week I had the pleasure of taking care of an infant. It was my first time caring for a child so small. The patient had Congenital Tracheomalacia which essentially is a trachea or windpipe that is not as sturdy as it should be. This particular patient had several diagnoses, so it was a very skill-rich clinical shift.

The greatest challenge I experienced during my clinical day was getting this patient's blood pressure. Every time I would attach the cuff, it would come open each time it inflated. Once I finally was able to get it to stay on, it was difficult to get the patient to keep their leg still to get an accurate reading.

One of my patient's parents was there for the majority of the shift. The parent knew how to do the feeding and suctioning when the child needed it. The parent slept on the little sofa in the child's room. The parent stayed by the child's side. Seeing this parent's love and dedication to this child caused me to grow personally and spiritually in my appreciation for the things that seem so expected, mundane and normal. Seeing the parent there brought about an awareness of how not normal that situation was. The child should have been in their crib at home, not in a hospital and interrupted by nurses, doctors, therapists, etc..., yet there the child was and there also was the parent. I take so much for granted of how "normal" my life really is.

Professionally, I grew in knowledge regarding the difference between open and closed suctioning, and best times to get assessments.

My greatest accomplishment of the week would have to be figuring out how to get a proper blood pressure on an infant.

The skills performed this week were competent and effective to the goals set. I needed a refresher on open and closed trach suctioning, and with guidance, I was able to execute the skill well during patient care.

While my patient was an infant, the parent was present, so I explained what I would do prior to any action allowing room for any questions or concerns to be addressed. The staff nurse collaborated with my professor to allow me to administer the medication and provide trach suctioning for the patient.

The parent was at the bedside during any treatments, so we explained the need for suctioning, and the different types, whether open or closed.

Refreshing knowledge on skills commonly used on the unit or in that particular facility setting would certainly improve the clinical experience.

"Finally, brethren, whatever things are true, whatever things *are* noble, whatever things *are* just, whatever things *are* pure, whatever things *are* lovely, whatever things *are* of good report, if *there is* any virtue and if *there is* anything praiseworthy—meditate on these things". Philippians 4:8 NKJV

This scripture calls my mind to focus on the good things, and not what is lacking or what is not going right. How it related to the clinical experience was the reality check that my situation could be so much worse as I provided care for that little one. It also provoked me to empathize with the parent as they sat there with their child.

